



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## COMMISSION ON HIV MEETING MINUTES June 12, 2008

**Approved**  
**July 10, 2008**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	Carmen Canto	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Carrie Broadus	Jim Chud	Kyle Baker
Al Ballesteros	Mario Chavez	Camila Crespo	Angela Boger
Diana Baumbauer	Whitney Engeran	Mark Davis	Shobita Rajagopalan
Anthony Bongiorno/Manuel Negrete	Douglas Frye	Miguel Fernandez	Carlos Vega-Matos
Eric Daar	Jan King	Susan Forrest	Lanet Williams
Nettie DeAugustine	Lee Kochems	Gary Greener	Juhua Wu
David Giugni	Peg Taylor	Tracy Horn	Dave Young
Jeffrey Goodman/Sharon Chamberlain		Richard Iniguez	
Joanne Granai		Miki Jackson	
Richard Hamilton	<b>SPN COORDINATORS</b> <i>(Not Commission Members)</i>	Jackie Jones	<b>COMMISSION</b> <b>STAFF/CONSULTANTS</b>
Michael Johnson		Victor McKamie	
Brad Land	Teresa Ayala-Castillo	Cynthia Munguia	Erinn Cortez
Ted Liso	Lisa Fisher	Trip Oldfield	Carolyn Echols-Watson
Anna Long	Gabriela Leon	Robert Sotomayor	Dawn McClendon
Ruel Nollado	Jane Price-Wallace	Lambert Talley	Jane Nachazel
Quentin O'Brien			Glenda Pinney
Everardo Orozco			Doris Reed
Dean Page			James Stewart
Angélica Palmeros			Craig Vincent-Jones
Mario Pérez			Rosemary Viniegas
Natalie Sanchez			Nicole Werner
James Skinner			
Chris Villa			
Kathy Watt			
Fariba Younai			

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:05 am.
  - Roll Call (Present):** Ballesteros, Baumbauer, Braswell, Bongiorno, Daar, DeAugustine, Giugni, Goodman, Granai, Hamilton, Johnson, Land, Liso, Long, Orozco, Page, Palmeros, Skinner
- APPROVAL OF AGENDA:**
  - MOTION #1:** Approve the Agenda Order, as amended (*Passed by Consensus*).

**3. APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the minutes from the April 10, 2008 Commission on HIV meeting (*Passed by Consensus*).

**4. CONSENT CALENDAR:**

**MOTION #3:** Approve the Consent Calendar with Motions 4 through 8 pulled for presentations (*Passed by Consensus*).

**5. PARLIAMENTARY TRAINING:** Mr. Stewart had no comments.

**6. PUBLIC COMMENT, NON-AGENDIZED:** There were no non-agendized public comments.

**7. COMMISSION COMMENT, NON-AGENDIZED:**

- Mr. Page thanked OAPP and JWCH for help with the testing van for the 2<sup>nd</sup> Annual Hepatitis Awareness Day at American Recovery Center. There were no positive tests among 23 HIV and 10 syphilis tests, but 5 of 16 hepatitis C tests were positive.
- Mr. Skinner reported that his provider had set an income cut-off of \$867 for bus passes even though the lowest SSI level, like his, is \$870. He would have no transportation starting in July. OAPP representatives agreed to follow-up with the issue and research the services at the specific provider.

**8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no items to be followed-up.

**9. CO-CHAIRS' REPORT:** There was no report.

**10. EXECUTIVE DIRECTOR'S REPORT:**

- Mr. Vincent-Jones introduced Ms. Cortez. She is a student worker filling the Staff Assistant position. She will be with the office through the summer and possibly after beginning college in the fall.
- He also re-introduced Ms. McClendon, Commission Secretary, who was attending her first meeting in her official capacity.

**11. PREVENTION PLANNING COMMITTEE (PPC) REPORT:**

- Ms. Watt said policy and procedure revisions were approved at the last meeting. The PPC also approved Julianne Carlos to replace Wendy Garland in the PPC's HIV Epi seat.
- The Ryan White Reauthorization Principles would be reviewed in July so new members could familiarize themselves with it.
- There were presentations on the Community Development Initiatives (CDIs) and bio-markers (stressors' impact on decision-making showing that the HIV-negative control group had higher stress), and Testing and Counseling Month, especially activities for June 23-28.
- Ms. Watt noted there would be a 6-8% prevention cut from the state.

**12. STATE OFFICE OF AIDS REPORT:**

- Mr. Iniguez, Chief, Community-Based Care Section from the State Office of AIDS reported that work on the state budget continued, noting that the OA balanced budget proposals had been accepted by both houses and would likely be used. Key reductions were: OA support, \$400,000; Epi/Surveillance, \$400,000; HCT, \$600,000; EIP, \$200,000; Case Management, \$400,000; Housing, \$122,000. Contracts would be amended proportionately. Mr. Nollado said the Assembly had recommended shifting the remaining AIDS Counseling Program's \$1.3 million to OA to offset some of the \$5.2 million in Education and Prevention fund cuts though. The proposed cuts of \$7 million to ADAP and \$4 million to TMP were restored with rebate funds. The Assembly was recommending returning \$5.6 million for prevention services to OA, but the Senate had not considered it.
- Mr. Ballesteros was concerned some programs may not remain viable but Mr. Iniguez responded that the reductions should be mitigated because they are reductions from last year's increased funding levels. Mr. McKamie said providers often took multiple cuts from multiple funding streams, and asked OA to be sensitive and cognizant of those consequences. Mr. Vincent-Jones noted that the reduction in surveillance funding would decrease the number of staff that state has allocated to HIV Epi to mature the HIV case report registry.
- The Part B base award, received March 31<sup>st</sup>, reduced OA support by \$37,867, but ADAP funding was increased by nearly the same amount. The MAI award, received March 3<sup>rd</sup>, was also increased \$33,907.
- Bills being followed were: AB 1894 (Kerkorian) which required health insurance plans and insurers to cover HIV testing beginning 1/01/2009; AB 1984 (Swanson) which required Department of Corrections to provide HIV testing available on a voluntary basis prior to release; AB 2899 (Portantino) which required OA to modify HCT procedures and requirements; and SB 1184 (Kuehl) which required labs to report CD4.



- Michelle Roland, OA Director, was appointed to the Executive Committee of the National Association of State and Territorial AIDS Directors (NASTAD) in Washington, D.C. She continues to represent the state perspective to legislators.
- The ADAP Medicare Payment Program was in its second year with some 800 clients receiving about \$270,000 in services by May 31<sup>st</sup>. CARE/HIPP paid about \$275,000 in premiums for some 365 clients by April 1<sup>st</sup>. Medi-Cal and the state were working to assess the impact of Medi-Cal cuts. Mr. Vincent-Jones noted the County had released a document analyzing the impact of all of the cuts on the County.

**13. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** The report was postponed.

**14. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:**

- Mr. Pérez reported on-going communication with OA on the budget. Adjustments would not be made on existing contracts until cuts were final, but the new RFPs would be conservative. He continued that OAPP was reviewing the service delivery system in SPA #1 to address concerns expressed by the PWLH/A, while indicating that SPA #1 residents used services from SPAs especially 2 and 4. Mr. Land thanked him for bringing the OAPP voice to the Antelope Valley.
  - HCT applications were being reviewed to ensure good coverage. Targeted supplemental solicitation may be necessary to fill resulting gaps. The HE/RR RFP would be released shortly. Mercer is still reviewing the rate study, but the final report is expected soon with the Medical Outpatient RFP to follow by September or October.
  - He and Ms. Bailey are participating in Visioning Change, coordinated by the California HIV Research Program in communication with OA with financial support from multiple foundations. Visioning Change is intended to rethink the California HIV/AIDS response. The 18-member body has five objectives with two active tracks: reviewing the California system and developing a consensus reauthorization statement. The Commission's Ryan White Reauthorization Principles were distributed at Visioning Change and well-received. Stakeholders around the country had engaged in discussion on a national AIDS strategy broader than reauthorization. The Open Society Institute's "Improving Outcomes," NASTAD's "HIV Prevention Blueprint," and other documents were helping to inform that discussion.
  - The goal for the June 23-28 HIV Counseling/Testing Week was 1,700 tests. Commitments had been received from all 17 providers, with an emphasis on highest impact zip codes. HC/T and HE/RR partners had met with OAPP four times to coordinate activities, and extensive media coverage was planned.
  - On previous transportation questions, Mr. Pérez noted that bus passes had gone up. One guideline did identify 100% of Federal Poverty Level (FPL), but it was found not to meet the federal indigent definition and all 70 contractors were being so advised. Providers were being asked to identify those who needed transportation to improve health outcomes and most appropriate service(s) for them rather than using a "first come/first served" rule. OAPP thought it not useful to routinely manage resources, but planned to release a Request for Information (RFI) to enhance understanding then release a service management RFP. He added that providers leaving Medi-Cal/Denti-Cal were putting more pressure on systems like Ryan White.
- ➡ It was agreed that SOC and P&P would follow-up on transportation issues.

**15. HIV EPIDEMIOLOGY PROGRAM REPORT:** The report was postponed.

**16. SPA/DISTRICT REPORTS:**

- **SPA #1:** Ms. Granai reported Wednesday's SPN meeting was Provider Information Day and 10 new non-OAPP funded providers attended. Guest speakers Mr. Pérez, Carlos Vegas-Matos, and Craig Thompson, APLA, emphasized collaboration. The enthusiastic response sparked a call for an annual event. The Consumer Caucus would meet June 18<sup>th</sup>, 5:30 to 9:00 pm, at the Antelope Valley Hope Foundation. HIV Counseling and Testing Week would also kick off there June 22<sup>nd</sup> with all-day testing, music, and a car wash. The next SPN meeting would be July 9<sup>th</sup>, 12:00 to 2:00 pm, at the United Way in Lancaster.
- **SPA #2:** Ms. Sanchez said there was no May meeting. Rose Veniegas would present on evidence-based interventions on June 26<sup>th</sup>. AltaMed would provide the first 16-hour Consumer Leadership Development Training June 21<sup>st</sup> and 28<sup>th</sup> at El Proyecto del Barrio, Panorama City. The first executive director forum was being planned.
- **SPA #3:** There was no report.
- **SPA #4:** There was no report.
- **SPA #5:** Ms. Fisher said members agreed at their last meeting to review the HIV/LA Resource Directory and other sources to identify providers not at the table. Each member would take responsibility to bring someone. There would be no July meeting, but the Commission would facilitate the Comprehensive Care Plan focus group August 5<sup>th</sup>. She thanked Mr. Nolledo for coordinating SCHAC's consumer advocacy training. Many were motivated and two from the CAB participated in May Action Days for a day of training and advocacy with the California Partnership. The next CAB meeting would be June 17<sup>th</sup>, 12:00 to 1:30 pm, with a focus on the CAB-driven HIV Testing and Awareness event. There would also be a Meth Coalition meeting June 17<sup>th</sup> at the Clare Foundation. Their target populations were youth, families and women.



- **SPA #6:** Ms. Price reported over 500 participants for their May Women's Health Month screenings. There will be a car and motorcycle show with health screenings on June 14<sup>th</sup> for Men's Health Month and staff did outreach for it at the 120<sup>th</sup> and Crenshaw bike night. Jennifer Herrero, Sex Workers' Outreach Project Los Angeles (SWOP LA), spoke at the last SPN meeting. The Commission would facilitate the Comprehensive Care Plan focus group July 8<sup>th</sup>, 9:00 am to 12:00 noon.
- **SPA #7:** Ms. Leon said there had been no May meeting. The June 27<sup>th</sup> meeting would be at 9:00 am because of HIV Counseling and Testing Week activities. There would be speakers from the Whittier Health Department and La Coda on co-morbidities. The Oldtimers Foundation would host consumer training June 22<sup>nd</sup> and 29<sup>th</sup> by the Latino Community Development Initiative. An executive director meeting was being scheduled for August.
- **SPA #8:** Ms. Ayala-Castillo said the May meeting was cancelled so providers could attend a special Prevention Training Center STD Overview for Non-Clinicians. The next meeting would be June 18<sup>th</sup>, at 11:00 am, with an update on syringe sales in Long Beach and finalization of the HIV Counseling and Testing Week schedule. The Commission would facilitate the Comprehensive Care Plan focus group in July. The executive director forum would be in August as well as the first consumer training based on a previous training developed in partnership with the Long Beach Department of Public Health.

**17. TASK FORCE REPORTS:**

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

**19. STANDING COMMITTEE REPORTS:**

**A. Priorities & Planning (P&P) Committee:**

**1. YR 19 Contingency Scenarios:**

- Mr. Goodman noted scenarios recommended in February equally distributed "flat funding," from -2.49% to +4.9%, but this year's award of a 2% increase indicated equal distribution would dilute funds rather than target needs. It was therefore recommended that P&P reconvene to consider allocation of any increase.

**MOTION #4:** Approve the revised Year 19 Contingency Plans, as presented (*Passed by Consensus*).

**2. YR 17 Needs Assessment Findings:**

- Dr. Veniegas presented a PowerPoint on preliminary results from the Los Angeles County Coordinated HIV Needs Assessment (LACHNA). The 575 personal interviews were conducted from June through December, 2007 with PDAs at service provider and high-risk venue sites in all eight SPAs. The majority of respondents were MSM, Latino, 26- to 49-years old, unemployed and not looking for work, born in the U.S., and receiving public assistance. Two separate questions were designed to elicit better data on transgenders.
- Of the 62 enrolled in Medicare Part D, 1 in 6 had difficulty obtaining HIV/AIDS medications and 2 of 5 had share-of-cost with about 30% able to pay it. About 10% were homeless with another 7% unstably housed. While most did not have children living with them, 72 did and 24% of them missed medical appointments due to lack of child care. About half used alcohol and 30% another drug within the last six months. About 10% used meth—which was between the 5% in the California Meth Initiative and the 25% elicited from HIV client samples. About 60% were asymptomatic, 60% had an AIDS diagnosis and, of those, nearly 40% had lived with it 10 or more years. More than 80% sought care within six months of testing HIV+ with most of the 98% in care being seen locally. Nearly half drove to medical appointments, while 43% used public transit. Nearly 57% (3% fewer than in 2005) reported never skipping medications, over 60% of those who did indicated that they had forgotten. About a quarter each reported excellent/very good, good, or fair oral health with 40% waiting less than six months for their last dental visit.
- Of the 27 never in care, 6 did not know free care was available even though 2 each were tested in a public clinic or emergency room, one in a mobile van, and one by a private physician. Another 5 each were never in care because they felt healthy or were too involved in substance abuse. About two-thirds would seek care if they felt sicker.
- The top five ranked services were identical to the top five in 2005: Outpatient Medical, Dental, Bus Pass, Food Pantry, and Medical Nutrition Therapy. Mental Health/Psychologist-Social Worker was ranked third by females, bumping Food Pantry from the top five. Transgenders ranked Housing and Assistance Paying for HIV/AIDS Medications third and fourth bumping Food Pantry and Medical Nutrition Therapy. Latinos also bumped Food Pantry and Medical Nutrition Therapy in favor of Case Management/Psychotherapy and Assistance Paying for HIV/AIDS Medications third and fourth. Awareness of services ranged from about 60% to just over 80% as compared to the 2005 survey in which they ranged from 88% to 99%.
- Only those expressing need for a service were asked if they received it, so receipt of services overall was under-reported. The overall top five reported gaps were Dental, Housing/Short-term Rental Mortgage and Utility Assistance, and Housing/Permanent with Housing/Case Management, and Benefits Specialty following 4% to 5% behind. Females reported Peer Support and HIV/LA Resource Directory as third and fourth, displacing the two housing categories as the widest gaps. Latinos moved Benefits Specialty up to fourth and listed Residential Care



Facility services as fifth most significant gaps. Transgenders listed Residential Care Facility services as the top gap, and included Medical Specialty and HIV/LA Resource Directory among the top five gaps.

- Dr. Younai recommended comparing 2005 and 2007 data. Dr. Veniegas said, while analysis was just beginning, not all questions were comparable. Questions did not elicit information on quality of care, which would be addressed in the service effectiveness version of the survey.
  - Mr. Pérez said investment in Oral Health had been tripled over the last three years through additional general and MAI funding. Dr. Younai noted HRSA supported dental care at 50% and the application took one to two years, so providers often could not afford to offer full services unless they received Part A or B. For that reason, UCLA was reducing coverage in July from 100% to 50%. Mr. Land said he had known people whose health was compromised and some who died because they could not afford dentures. Dr. Younai emphasized initial assessment and preventive strategies to save teeth. Ms. Jackson encouraged fighting the federal model of treating eyes and teeth separately from the rest of the body.
  - Mr. Pérez noted housing services were high among gaps for all groups and encouraged better coordination with the City of Los Angeles though Dr. Veniegas said they were not among top prioritized services. Mr. Vincent-Jones said it had been difficult to fill the City of Los Angeles seat since Wendy Schwartz left. Ms. DeAugustine said it important to view services as part of the Comprehensive Care Plan.
  - ➡ It was agreed to review Oral Health next year to assess improvement prior to the next LACHNA.
3. **YR 17 Service Utilization Data:**
- Mr. Goodman presented a PowerPoint on data grouped by Core Medical and Support Services as one information source used in prioritization. Data was provisional since YR 17 had not yet closed and was not available on all 40 prioritized categories—not all of which are funded. He noted Language Services covered document, but not verbal, Spanish-language interpretation because bilingual service provision is a contractual requirement of all providers. The sole focus of Legal Services was to ensure access to eligible Ryan White benefits. Hospice and Skilled Nursing were merged in the data though the two services were ranked separately since they were in the process of being separated with individual standards.
  - Service unit costs are not always equivalent, as some are now rate-based while others are not, coverage of associated administrative costs varied, the unit varied with the service, and the cost per unduplicated client did not weight utilization differences. Mr. Pérez noted that Substance Abuse and Residential services were reimbursed on a fee-for-service basis while LACHNA data could be most helpful in understanding cost reimbursement contracts. He added it was not currently possible to track an individual client across services, e.g., due to different reimbursement models, but more complete reporting and cost information, including Part C data, would be a step in that direction.
  - ➡ It was agreed to revise the data presentation to clarify what “unit cost” represented.
4. **YR 19 Priority Rankings:**
- Commissioners identified conflicts-of-interest. Mr. Goodman presented a PowerPoint on recommended priorities. He noted the 10 of 70 provider assessments returned was typical, but P&P was seeking to spur a greater response in future. Rankings were done solely by need for the 40 service categories.
  - In accordance with last year's policy change, reasons for changes of more than five rankings were provided. Ranked higher were: Benefits Specialty, access to non-Ryan White-funded benefits/programs; Early Intervention Services (EIS), consistent with MAI and Case Management/ Medical priorities; Case Management/Transitional, increased need for post-incarceration and emancipated/ transitional-aged youth; Direct Emergency Financial Assistance (DEFA), consumer and service provider feedback; Language Services, service access; and Skilled Nursing Facility Services, increased demand. Those ranked lower were: HE/RR and HCT in Care Settings, supported more effectively as part of the through prevention continuum; Outreach and Referral Services, supported more effectively as part of EIS and other services; and Peer Support, superseded by shifted and new categories.
  - Mr. Page felt Substance Abuse should be higher, as substance users need to address that part of their lives prior to effectively managing their care, but Ms. Watt noted its ranking had changed little and many higher ranked services now captured such clients more than in the past.

Ranking	Service Category
1	Medical Outpatient
2	AIDS Drug Assistance Program (ADAP) Enrollment
3	Medical Specialty
4	Local Pharmacy Program
5	Benefits Specialty
6	Oral Health Care
7	Mental Health, Psychiatry

8	Mental Health, Psychotherapy
9	Case Management, Medical
10	Early Intervention Services
11	Health Insurance Premium and Cost-Sharing Assistance
12	Substance Abuse, Residential
13	Substance Abuse, Treatment
14	Case Management, Psychosocial
15	Residential, Transitional
16	Residential, Permanent
17	Transportation
18	Treatment Education
19	Medical Nutrition Therapy
20	Nutrition Support
21	Legal Services
22	Case Management, Transitional
23	Direct Emergency Financial Assistance
24	Case Management, Housing
25	Language Services
26	Skilled Nursing Facility
27	Home Health Care
28	Case Management, Home-based
29	Hospice
30	Child Care
31	Workforce Entry/Re-entry Services
32	Rehabilitation Services
33	Health Education/Risk Reduction
34	HIV Counseling and Testing in Care Settings
35	Outreach Services
36	Referral Services
37	Peer Support
38	Respite Care
39	Permanency Planning
40	Psychosocial Support Services

**MOTION #5:** Approve the proposed YR 19 priority rankings, as presented (*Passed: 21 Ayes; 0 Opposed; 1 Abstention*).

5. **Comprehensive Care Plan (CCP):** Mr. Goodman presented a PowerPoint on the CCP due to HRSA in January 2009. The CCP work group had developed a timeline, activities, and responsibilities. SPN focus groups were scheduled for July. Mr. Vincent-Jones noted timelines could be adjusted if needed, but draft presentation was planned for the Annual Meeting. Ms. Watt hoped the process would encourage provider participation, but Ms. Granai responded that executive directors often cite that they are too busy to participate.

**MOTION #6:** Approve the Comprehensive Care Plan implementation strategy and timeline, as presented (*Passed by Consensus*).

6. **OAPP Financial Reports:** Mr. Goodman noted the reports for review. In-depth discussion was planned quarterly.

#### B. Standards of Care (SOC) Committee:

1. **Service Effectiveness Methodology:** Ms. Palmeros indicated that Ryan White legislation requires “evaluation of service effectiveness”. Annual, user-friendly “report cards” would provide service category and continuum scores starting in December 2009. Satisfaction indicators and measurements would be developed for six dimensions: consumer satisfaction, productivity (outcomes), engagement (service delivery), efficiency, innovation (best practices), and unmet need. Unmet need would only be evaluated at the continuum level. Weighted indicator ratings would yield dimension ratings that, in turn, weighted and clustered, would yield service category ratings. The service category ratings would be for an overall score of the entire continuum of care’ effectiveness.

**MOTION #7:** Approve the proposed service effectiveness methodology, as presented (*Passed by Consensus*).



2. **Medical Care Coordination (MCC) Implementation:** Mr. Vincent-Jones presented the timeline developed in collaboration with OAPP. It began with the framework approved last year. SOC would present the draft standard for public comment in August, along with a financial simulation. The MCC Standards of Care would be presented in September and October. OAPP would lead in collaboration with the Commission on remaining items with service implementation scheduled for 2010.

**MOTION #8:** Approve the implementation plan for the Medical Care Coordination model of care, as presented (*Passed by Consensus*).

3. **Standards Dissemination/Q&P Grant:** Mr. Vincent-Jones reported that the County's Quality and Productivity Commission awarded a \$120,000 grant to design and publish the standards and related materials. There would be both binder and electronic publication formats. Publication was anticipated by the end of the year.
4. **MCC Financial Simulation:** Mr. Vincent-Jones reported that Kay Grinnell led 27 key informant interviews during her four-day trip the previous week that encompassed most Case Management providers, other stakeholders, and Mr. Iniguez. She was now collecting more OAPP information and developing the financial modeling. She would present her work at the August Commission meeting and at SPN meetings during the following five days. The associated standards of care would also be presented in August.

**C. Operations Committee:**

1. **Conflict-of-Interest Policy:** There was no additional discussion.  
**MOTION #9:** Approve the amended Conflict-of-Interest policy, as revised and presented (*Passed as part of the Consent Calendar*).
2. **Commission Member Nominations:** There was no additional discussion.  
**MOTION #10:** Approve the nominations of Robert Sotomayor for the SPA #1 Consumer seat and Brad Land for the Supervisorial District #5 Consumer seat and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).
3. **YR 17 Assessment of the Administrative Mechanism (AAM):** Ms. DeAugustine noted it would now move forward.  
**MOTION #11:** Approve the proposed scope of work for the Assessment of the Administrative Mechanism, as presented (*Passed as part of the Consent Calendar*).
4. **Consumer Caucus:** A flyer for the Caucus' June 18<sup>th</sup> SPA #1 "Meet the Grantee" meeting was in the packet. The general meeting would follow the Commission Meeting.

**D. Joint Public Policy (JPP) Committee:**

1. **Ryan White Reauthorization Principles:** Mr. Vincent-Jones encouraged dissemination of the new brochure.
2. **Medicare/Medi-Cal:** There was no new information, but work continued on the issue.
3. **SB 1184 (Infectious Disease Reporting):** The bill unanimously passed the Assembly Health Committee the prior Tuesday and would now go to the Assembly Appropriations Committee. Some technical amendments were added. Assuming all goes well, the bill will go to the Assembly floor after Appropriations, then back to the Senate floor for concurrence and, finally, to the Governor for his signature.
4. **Proposed State Budget:** Mr. Vincent-Jones called attention to the County's document on anticipated losses from state budget cuts to various programs.
5. **Public Policy Docket:** The docket was included in the packet.

**20. COMMISSION COMMENT:**

- Mr. Hamilton complimented Ms. Watt on her appearance discussing HCT on the Tony Valdez show. Ms. Watt said half the show was on HIV and the other half on crystal meth. She was impressed by Mr. Valdez's preparation.
- Ms. Granai welcomed newly nominated Mr. Sotomayor and thanked Jocelyn Woodard for her service.
- Mr. Vincent-Jones noted that information on the availability of same-sex marriage starting on June 17<sup>th</sup> had been included in the packet upon the request of the County Registrar-Recorder. Offices were going to be open extended hours with a multiple marriage event planned for June 21<sup>st</sup>. He complimented their department for the quick response to this new responsibility.

21. **ANNOUNCEMENTS:** Dr. Long reported the Board had approved the extension of needle exchange the prior Tuesday. Services would operate through October and then new RFPs would be released.

22. **ADJOURNMENT:** Mr. Braswell adjourned the meeting at 1:05 p.m.

**A. Roll Call (Present):** Bailey, Ballesteros, Baumbauer, Braswell, Bongiorno, Daar, DeAugustine, Giugni, Goodman, Granai, Hamilton, Johnson, Land, Liso, Long, Nollado, O'Brien, Orozco, Page, Palmeros, Pérez, Sanchez, Skinner, Villa, Watt, Younai.

**Commission on HIV Meeting Minutes**

June 12, 2008

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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order, as amended.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Approve the minutes from the April 10, 2008 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3:</b> Approve the Consent Calendar, as revised.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4:</b> Approve the revised Year 19 Contingency Plans, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #5:</b> Approve the proposed YR 19 priority rankings, as presented.	<i>Ayes:</i> Bailey, Ballesteros, Baumbauer, Bongiorno, Braswell, DeAugustine, Goodman, Granai, Hamilton, Johnson, Land, Liso, Long, Nollado, O'Brien, Orozco, Palmeros, Sanchez, Skinner, Villa, Younai <i>Opposed:</i> none <i>Abstentions:</i> Page	<b>MOTION PASSED</b> <b>Ayes:</b> 21 <b>Opposed:</b> 0 <b>Abstention:</b> 1
<b>MOTION #6:</b> Approve the Comprehensive Care Plan implementation strategy and timeline, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #7:</b> Approve the proposed service effectiveness methodology, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #8:</b> Approve the implementation plan for the Medical Care Coordination model of care, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #9:</b> Approve the amended Conflict-of-Interest policy, as revised and presented.	<i>Passed as part of Consent Calendar</i>	<b>MOTION PASSED</b>
<b>MOTION #10:</b> Approve the nominations of Robert Sotomayor for the SPA #1 Consumer seat and Brad Land for the Supervisorial District #5 Consumer seat and forward to the Board of Supervisors for appointment.	<i>Passed as part of Consent Calendar</i>	<b>MOTION PASSED</b>
<b>MOTION #11:</b> Approve the proposed scope of work for the Assessment of the Administrative Mechanism, as presented.	<i>Passed as part of Consent Calendar</i>	<b>MOTION PASSED</b>